

**Florida Statewide Quality Assurance Program
Year 7 Annual Report
June 2007 – July 2008
Appendix 1**

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Attachment 1 Internal Quality Assurance Report April – June 2008

The Florida Statewide Quality Assurance Program continues to implement its plan for internal quality control. The plan involves many activities, some of which occur simultaneously.

Staff Changes

Kathy Harkleroad started as a CORE/WiSCC consultant March 17, 2008 in Area 1. She was trained and began conducting CORE consults and Desk Reviews. For Desk Reviews she was first shown how to conduct the review, and then completed her first review with supervision. CORE training consisted of shadowing three CORE consults and was then observed by her manager before conducting her first CORE. She will begin WiSCC training in July.

Mike Heron returned to the Tallahassee office and will continue as a computer technician, providing support to all consultants in the field as well as the Tampa and Tallahassee offices.

IT Initiatives

IT continues to support several initiatives within the Florida project. The Easton IT group continues to participate in the weekly managers' meetings that address on going needs and issues for the WiSCC and CORE processes. They have participated in meetings to effect modifications to the public reporting website.

Bi-Weekly Conference Calls

Conference calls with all consultants on a bi-weekly schedule have continued throughout the quarter. Through this venue, Regional Managers ensured that consultants received consistent information regarding procedures, interpretations, and system updates. Managers reinforce and supplement this information through telephone and face-to-face contact with the QICs. Consultants are also provided with any additional information or changes related to the CORE and WiSCC processes and, if necessary, clarification on different elements. The Florida Vice President of Disability Programs participates in the calls and provides any information from AHCA or APD relevant to the QA/QI processes. Feedback is solicited from consultants on any CORE, WiSCC or system modifications—possible impacts to them in the field.

Scenarios have been reinstated during the calls to enhance the reliability of QICs. A scenario that is focused on one or two elements is distributed prior to the call. Each QIC “scores” the element and sends results to the Quality Assurance Regional Manager. Results are discussed on the call.

The conference calls are also used as an avenue to update consultants on key Delmarva initiatives at the corporate level. This may include policy clarification and interpretation, when appropriate. Mandatory corporate training is also accomplished at these times. A session on safety was provided by a police officer from the Tampa area.

In addition, when questions arise from analyzing the data, the conference calls are often used to gather anecdotal information from the QICs in an attempt to explain what we may be seeing in the data. Feedback from the consultants in this area has been very valuable in interpreting results from analysis of data for reports and studies. Information from the data is provided during these calls that can also be used during Quarterly meetings to guide Local APD initiatives.

Consultants continue to share Best Practices, which are ultimately posted to the FSQAP web site so the positive experiences/processes identified by consultants can be viewed by the public.

Reliability Assurances

Reliability for QICs and managers conducting Personal Outcome Measures (POM) interviews continues to be maintained through The Council on Quality and Leadership (CQL). This occurs formally through the reliability process and through on site monitoring of five percent of the consults throughout the year. All consultants scheduled for formal reliability testing in the FY went through and passed the reliability process.

Reliability activities for the CORE and WiSCC processes consist of two activities. First, the Regional Managers observe consultants while they are conducting consultations periodically throughout the year. They accompany each consultant to an onsite visit, attending all onsite activities. Second, formal reliability testing is to be completed once per year for each consultant. Delmarva's formal reliability procedures include the individual CORE interview, scoring the CORE tool (12 elements), and scoring the WiSCC tool (11 elements). One consultant did not pass all the components of the CORE reliability but was rescheduled for July 2008.

Regional Managers also participate in an annual reliability process on all the procedures. They conduct reviews with each other and test their own inter-rater reliability. When differences in their scores occur it gives all the managers an opportunity to discuss and come to agreement on the correct outcome, rendering more consistency to the overall procedures. All regional managers have passed the CORE and WiSCC reliability tests during Year 7.

Manager Review (Gold Standard)

Delmarva Foundation managers continued to review and approve 100% of all WiSCC, CORE and PPR Desk Review reports prior to their distribution. Direct feedback was provided to individual QICs as questions or concerns were identified, and more general concerns were addressed on the bi-weekly conference calls. Managers have implemented further assurances that reports are reliably reviewed before approval. Each manager reviews a sample of reports another manager has already approved in order to ensure the inter-rater reliability of the report approval process. All reports reviewed this quarter under this new QA process were determined to be accurate.

Another internal system related to this area is the Medical Peer Review system. Linda Tupper, the Nurse Reviewer, has the opportunity to correct any errors or issues identified with the content or data included in the report.

Weekly Manager Meetings

Delmarva managers meet bi-weekly to discuss any new or on going issues related to the FSQAP. IT staff from both Florida and Easton offices also participate, enhancing communications between managers and staff in Easton who provide vital technical and database management support. These meetings provide a valuable forum for managers to track productivity, monitor contractual obligations, discuss any concerns or issues that have developed, and generally share information from across the state.

Florida Production Tracking Tool

In collaboration with our IT department, the Florida Managers developed a tool whereby each consultant is able to manage his/her own review volume projections and production. The tool is maintained on the FSQAP web site and is available to consultants, managers and the Vice President of Disability Related Programs. Each consultant has a page which lists for the month the projected number of reviews, for each review type, as well as a list of reviews to be completed that month and the status for each review. The data are live and updated by the consultants on a regular basis, e.g., when the consultant schedules the dates for the review or marks the report as complete. This tracking system was implemented this quarter.

Provider Feedback Surveys

Distribution of the revised Provider Feedback Survey began in March 2008. Providers can complete the survey online, with a link from the FSQAP website. Or they can download a hard copy of the survey, complete it, and mail or fax it to Delmarva. Consultants also have a copy they can hand to the provider. Because only a limited number of surveys have been completed, we will include a summary of results from the survey in the second quarter report in Year 8.

Medical Peer Review

The Medical Director completes a quality assurance review on a random selection of five percent of individuals who received a Personal Outcome Interview. The Medical Director reviews the claims data, summary comments of the consultants and the decisions of the nurse reviewer. Results of these reviews (20 this quarter) continue to be 100 percent in accord with the decisions of the nurse reviewer.

Sampling Reports for Billing

Processes are followed to ensure that no consults or reviews are billed in error. The database manager searches the Health elements in the POM interviews to ensure all seven have been completed and the Regional Manager with IQAP responsibility samples five percent of reports to ensure that reports for which the program has billed are being posted as required. During the fourth quarter several reports were not posted correctly. These were reported to IT and the situation was resolved before billing occurred. All billed reports have been appropriately posted.

APD Oversight

In order to provide additional oversight for the QIC, APD began shadowing QICs this year, during the CORE and WiSCC processes. They provide feedback to Delmarva's Vice President of Disability Related Programs, both positive as well as any areas of concern they may have noted. However, due to scheduling and budget constraints they have been unable to shadow consultants during the 4th quarter of Year 7.

Attachment 2: CORE Results and Minimum Service Requirement Elements

(These descriptions are summaries. Please go to the Delmarva website and review the CORE tools for a complete description of each element (http://www.dfmc-florida.org/provider/resources/core_wiscc_tools.htm)

CORE (Implemented March 13, 2007)

CORE Results Elements

1. Person Directed Planning
2. Health and Safety
3. Free from Abuse, Neglect and Exploitation
4. Rights
5. Choice
6. Community Life
7. Collaboration
8. Achieving Results

Minimum Service Requirements

9. Level II Background Screening
10. Provider/staff Training
11. Service Authorization/Billing as Authorized
12. Maintains Billing Documentation

Attachment 3: WiSCC Results and Minimum Service Requirement Elements

(These descriptions are summaries. Please go to the Delmarva website and review the CORE tools for a complete description of each element (http://www.dfmc-florida.org/provider/resources/core_wiscc_tools.htm))

WiSCC Results Elements

1. Waiver Support Coordinators (WSC) have an effective method for learning about the people who are receiving their supports and services.
2. The WSCs are aware of the health, safety and well-being of the people they serve and advocate and coordinate in concert with them to support and address identified needs or issues.
3. The support plan is developed with the person and is reflective of the communicated choices and preferences that matter most to the individual.
4. The WSCs have evaluated the effectiveness of all supports for each person they serve and have implemented strategies to address any barriers that have been identified.
5. The WSC have facilitated educational opportunities, practical experiences, and exposure to ideas (EEE) to increase opportunities for choice and promote self-determination.
6. The WSCs have facilitated the accomplishment of positive results that reflect communicated choices and preferences that matter most to the person.

Minimum Service Requirement Elements

7. Level 2 background screenings, and five-year re-screenings, are completed for all direct service employees.
8. The WSC has attended required training.
9. WSC services and all other service providers are authorized by an approved cost plan and service authorization (or purchasing plan for individuals on CDC Plus).
10. The provider bills for the service at the authorized rate.
11. The provider maintains documentation required for billing.

12.

Attachment 4
Training, Education, and Liaison
Contacts and Meetings
April – June 2008

Begin Date	End Date	Description of Activity	Participants and Topic
4/2/2008		Training	Training and Education was provided on Functional Documentation to providers of all services. Beth Townsend and Charmaine Pillay provided the training.
4/7/2008		Area 4 quarterly	Sherndina Moreland, Terry Mothershed Neuman, Cathy Guiry, Chris Crusciel, Gayle Granger, Kerrie Wimberly, Nicole Francis, Conchetta Wilcox, Shiela Butler, Gary Baird, Beth Townsend: discussed plan for coverage of CORE consults in Area 4; how often claims and billing documentation is loaded in the FSQAP website; new 65G-7 medication administration rule; new Zerol Tolerance rule; Area 4 training calendar; trends in the WiSCC, including updated record review procedure; steering committee activities
4/9/2008		Area 11 Quarterly Meeting	Kirk Ryon, APD, Jose Navarro, Mario Arreaga, Berta Santos, and Carol McDuff, Delmarva. Discussed provider and WSC trends, APD events, and data trends.
4/10/2008		Training	Training and Education was provided on Functional Documentation to providers of all services, WSCs and APD staff. Beth Townsend and Charmaine Pillay provided the training.
4/10/2008		Delmarva Training	Cathy Colemena, APD, Mario Arreaga, Charmaine Pillay, Jose Navarro, and Carol McDuff, Delmarva. Training session on "Functional Documentation" to about 150 providers.
4/14/2008		Steering Committee	APD staff Cheryl Blackwell Cox gave an update on the QSI assessments and a WSC expressed the need for WSCs to be involved in the process to ensure the accuracy of information gathered. The issues surrounding APD staff completing cost plans was discussed with WSCs offering to assist to alleviate the backlog of cost plans awaiting approval. Carl Littlefield spoke on the focus of the steering committee and its change from focusing on brainstorming to becoming a part of the quality management system. Steering committee members, APD, Family Care Council, providers and Charmaine Pillay were present and offered input.
4/16/2008		Training	Training was provided to all service providers on Quality Management Systems and Projected Service Outcomes. Marion Oilivier-Ruelas provided the training.

4/18/2008		Area 7 quarterly	Steve Roth, Jeff Coleman, Mary Martin, Cydney Yerushalmi, Grisela Hernandez, Carol Solomon, Merari Perez, Francie Young, Brenda McConnell, Andrea Currence, Gina Tumelty, Jackie Mescavage, Beth Townsend: discussed changes in the Area personnel/responsibilities; one-time expenditures for people on the waiting list; use of the Not Emerging/<25% list to re-train providers; update on QSI assessment; trends in the CORE, Desk Reviews, and WiSCC; confusion for providers on the APD website; new 65G-7 medication administration policy; new Zero Tolerance policy; Delmarva/APD quality assurance discussions update.
4/21/2008	4/21/08	Area 8 quarterly	Marsha Vollmar, Carrie Meehan, Jeff Smith, Todd Ryan, Krista McCracken, Beth Townsend: discussed unannounced record procedure for the WiSCC; new 65G-7 medication administration rule; Zero Tolerance memo; new/resigned/terminated providers; Area checklist for licensure including training requirements; trends in the WiSCC, CORE, and Desk Reviews, including repeat citations; Area 8 training calendar; APD presence at Progressive CORE consultation
4/23/2008		Area 1 Quarterly Meeting	The quarterly meeting previously scheduled for March 6, 2008 took place on April 23, 2008. Kathy Harkleroad, Marion Olivier-Ruelas and one Area Office staff attended. Introductions were made for Kathy and discussed the plans for implementing CORE and WiSCC consults in Area 1. We discussed the communication survey results and feedback given. We talked about some issues being seen in the field related to support coordination and changes occurring to cost plans.
4/24/2008		Area 12 quarterly	Ed deBardeleben, Vanessa Carter, Diveka Anderson, Cindy Camplin, Dylan Gale, Shiela Butler, Charlene Johnson, Sandra Mills, Beth Townsend: discussed new Zero Tolerance rule; 65G-7 Medication Administration rule; procedures for WiSCC unannounced record reviews; APD's new encrypted email system (zix-mail); claims data and billing documentation; problems with providers following service authorizations; trends in the CORE, WiSCC, and Desk Reviews; decision for training by Delmarva on Person-Directed Planning with focus on collaboration
4/24/2008		Steering Committee	Approval of previous meeting minutes started the meeting. An update was given on the steering committee project to increase clinical providers in the Area. Reportedly, preparations are being made for letters to be disseminated for Also, an update on APD activities was given. This update was regarding the implementation of waiver tiers. Delmarva also gave an update on their latest activities. Lastly, an update was given on the Community Life Project which is a project being sponsored by a local provider.
4/30/2008		Area 9 Quarterly Meeting	Quarterly meeting cancelled due to Regional Manager injury.

5/14/2008		Area 23 Quarterly Meeting	A quarterly meeting was held in Tampa with APD and Delmarva staff discussing issues that arose throughout the previous quarter. Each consultant presented on best practices and areas of concern noted with providers over the last quarter. The format and content of quarterly meetings was reviewed with APD staff to ensure its relevance. Process issues such as problems with provider contact information was discussed, APD's procedure for dealing with non-compliant providers, Area training needs, and data were among the topics covered. Charmaine Pillay, Robin Moorman, Christie Gentry, Kristin Allen, Chris Kulaga, Trudy Acevedo and APD staff attended.
5/14/2008		Area 10 Quarterly Meeting	Martha Martinez, David Gillis, Pam Romack, Heide Torro, and numerous other area 10 APD staff, Anna Quintyne, Avril Wilson, and Mario Areaga, Delmarva. Discussed provider and WSC trends, APD events, and future Delmarva training session.
5/19/2008		Training	Training was provided to those providers who received a designation of Not Emerging or Emerging on their CORE consultations or Desk Reviews per APD request.
5/21/2008		Training	Training was provided to APD staff and providers of services on the issues and best practices surrounding Physical and Nutritional and Management for people receiving services.
5/21/2008		Area 15 Quarterly Meeting	Peter Karlan, Sandra Cain, Olga Kramshoya, Robert Collins, and numerous other area 15 APD staff, Noeline Coore, Michelle Ceville, and Carol McDuff, Delmarva. Mr. Karlan provided an update on the changes and priorities for APD.
5/21/2008		Training Area 15	Physical & Nutritional Management Training - Providers and APD Staff
5/28/2008		Area 14 Quarterly Meeting	A quarterly meeting was held in Lakeland with APD and Delmarva staff discussing issues that arose throughout the previous quarter. Christie Gentry presented on best practices and areas of concern noted with WSC providers over the last quarter and Charmaine Pillay presented the same for CORE consults and Desk Reviews. The format and content of quarterly meetings was reviewed to ensure its relevance to APD and Delmarva. Other issues discussed included training, limited support coordination, data and its use in quality improvement.
5/29/2008		Training	Training was provided to APD staff and providers of services on the issues and best practices surrounding Physical and Nutritional and Management for people receiving services. Linda Tupper, Delmarva nurse reviewer provided the training.
5/29/2008		Training Area 15	Physical & Nutritional Management Training - Providers and APD Staff
5/30/2008	5/30/08	Training	Training was provided on Functional Documentation to all providers and APD staff. Beth Townsend and Chamaine Pillay provided the training.

6/4/2008	6/11/08	DDNA National Board Meeting & Conference	Attended by Linda Tupper
6/6/2008		Area 3 Quarterly Meeting	Marion Olivier-Ruelas, Gwen Williams and two Area staff attended. We reviewed the data for the third Area quarterly report and drilled down to root causes of the problem areas. We developed recommendations and improvement initiatives to be implemented by the Area Office. A summary of this information was typed up and sent to the Program Administrator and included concerns about support plan completion within the required timeframes and changes to the CORE and WiSCC annual report formats.
6/9/2008	6/9/08	Steering Committee	Delmarva staff Robin Moorman and Trudy Acevedo attended the steering committee meeting and offered input on a number of topics. APD staff Rick Robertson discussed the role of the residential unit, SLC unit and medical use management unit. Residential and supported living providers are having quarterly meetings which are proving to be beneficial. The list of behavior analysts has been updated. The topic of volunteer WSCs assisting APD staff with cost plan issues was again raised. Rate cuts and the possible effects on individuals and service providers was discussed. Carl Littlefield gave an update on the tier system and progress of QSI's with completing assessments. A discussion of stipends for people receiving SLC services resulted in the recommendation that coaches need to look at natural and community resources. Carl Littlefield and Marcia Di Grazia indicated that there needs to be flexibility on 7/1/08 service authorizations and that Delmarva would be made aware of this. Delmarva staff discussed the change to a star reporting system and how it will work.
6/9/2008		Area 13 Quarterly Meeting	Marion Olivier-Ruelas, Theresa Skidmore, Linda Bodo and three Area staff attended. We discussed provider trends both positive and negative. Area staff reported they like the practice of having follow up consults at the Area Office because it allows them a better opportunity to attend. APD reported on provider changes. Upcoming changes to the WiSCC and CORE reports and processes were discussed. We discussed the Tiers implementation and support plan submissions. We reviewed the data for the third Area quarterly report and reviewed the data included in the tables for the new Program Administrator and Training Coordinator.

6/9/2008		Steering Committee	APD, steering committee members, and two Delmarva QICs were in attendance. There was a provider fair last Saturday. Rick Robertson was in attendance to discuss the role of the residential unit, SLC unit, behavior unit and medical case management unit. The MCM has added a best practice to their website related to 65G-7. Residential providers and supported living providers are having quarterly meetings (recommended not required). Behavior Focus (BF) homes will now have a temporary BF designation and certificates will have date ranges. The issue identified is maintaining BF with staff turnover which Licensure is looking into. APD has developed an updated list of behavioral analysts (with level), ALFs, RH and it was recommended these be added to the website for access. The request for the pilot program for cost plans in which WSCs would complete with APD liaisons (side by side) will require central office approval and is being requested. Letter was submitted to IQC for request from steering committee to create a "guide to supported employment" manual.
6/13/2008	6/14/08	Family Café Training	Family and Individuals "A Lifespan Approach to Health for Individuals with Down Syndrome". The session guided people through the specialized care needs from birth through senior care. Information on early intervention programs was presented as well as a discussion on resources available nationally and internationally. The training was provided by Delmarva nurse reviewer, Linda Tupper.
6/14/2008	6/14/08	Family Café	Delmarva staff disseminated resources and information from a booth at the annual Family Café event. More than 9000 people registered for the event and Delmarva staff interacted with many who were given resources and others who were directed to appropriate entities depending on their needs.
6/25/2008		Area 1 Quarterly Meeting	Kathy Harkleroad and one Area office staff attended the meeting.
6/25/2008	6/25/08	training	Charmaine Pillay, Beth Townsend, Area 12 providers and Area staff; Person-Directed Planning (with focus on collaboration)
6/27/2008		Area 2 Quarterly Meeting	Marion Olivier-Ruelas, Sandra Rowe, Kara Cowart and 9 Area staff attended the meeting. We discussed provider trends both positive and negative. We received an update on the Area 2 AQL activities. APD reported on provider changes. Upcoming changes to the WiSCC and CORE annual reports and the addition of the QEP submission for providers were discussed. We reviewed the data for the third Area quarterly report.

Attachment 5 Health and Behavioral Questionnaire

Have you seen a doctor in the past year? Y/N
What kind of doctor?

- | | |
|---------------------|------------------------------------|
| 1. neurology | 11. podiatry |
| 2. psychiatry | 12. dermatology |
| 3. primary care | 13. gynecology |
| 4. gastroenterology | 14. urology |
| 5. cardiology | 15. orthopedics |
| 6. endocrinology | 16. neurosurgery |
| 7. pediatrician | 17. ear/nose/throat |
| 8. hematology | 18. oncology |
| 9. rheumatology | 19. optometry/ophthalmology |
| 10. allergy | Add all others to the health notes |

2a. Do you currently have a dentist? Y/N

2b. Have you been to the dentist in the past year? Y/N

3. Have you been treated in the emergency room this past year? Y/N
If yes, add when and why to the health note

4. Have you been admitted to the hospital this past year? Y/N

If yes, add when and why to the health notes

5. Do you take any medicines? Y/N

If yes, what ones?

- | | |
|--------------------------------|-------------------------------|
| 1. Abilify (Aripiprazole) | 26. Lopressor (Metoprolol) |
| 2. Adderall | 27. Mellaril (Thioridazine) |
| 3. Anafranil (Clomipramine) | 28. Metformin (Glucophage) |
| 4. Ativan (Lorazepam) | 29. Mysoline (Primidone) |
| 5. Baclofen (Liorasal) | 30. Neurontin (Gabapentin) |
| 6. Buspar (Buspirone) | 31. Norvasc (Amlodipine) |
| 7. Catapres (Clonidine) | 32. Paxil (Paroxetine) |
| 8. Celexa (Citalopram) | 33. Phenobarbital |
| 9. Cogentin (Benztropine) | 34. Pravachol (Pravastatin) |
| 10. Concerta (Methylphenidate) | 35. Prevacid (Lansoprazole) |
| 11. Depakote (Divalproex) | 36. Prinivil (Lisinopril) |
| 12. Desyrel (Trazadone) | 37. Prozac (Fluoxetine) |
| 13. Detrol (Tolterodine) | 38. Risperdal (Risperidone) |
| 14. Dilantin (Phenytoin) | 39. Ritalin (Methylphenidate) |
| 15. Effexor (Venlafaxine) | 40. Seroquel (Quetiapine) |
| 16. Geodon (Ziprasidone) | 41. Symmetrel (Amantadine) |

- | | |
|----------------------------|--------------------------------|
| 17. Haldol (Haloperidol) | 42. Synthroid (Levothyroxin) |
| 18. Inderal (Propranolol) | 43. Tegretol (Carbamazepine) |
| 19. Keppra (Levetiracetam) | 44. Thorazine (Chlorpromazine) |
| 20. Klonopin (Clonazepam) | 45. Topamax (Topiramate) |
| 21. Lamictal (Lamotragine) | 46. Vasotec (Enalapril) |
| 22. Lasix (Furosemide) | 47. Wellbutrin (Bupropion) |
| 23. Lexapro (Escitalopram) | 48. Xanax (Alprazolam) |
| 24. Lipitor (Atorvastin) | 49. Zoloft (Sertraline) |
| 25. Lithium (Eskalith) | 50. Zyprexa (Olanzapine) |

Add all others to the health notes

6. Do you have any problems with your health? Y/N
If yes, add what to the health notes
7. In the past year is your health (better / worse / the same)?
8. Do you currently receive the following?
- | | |
|--------------------------|-----|
| a. Speech therapy? | Y/N |
| b. Occupational therapy? | Y/N |
| c. Physical therapy? | Y/N |
| d. Nutritional supports? | Y/N |
| e. Respiratory therapy? | Y/N |
| f. Massage therapy? | Y/N |
9. Does the individual state a need for additional services/supports from?
- | | |
|----------------------------|-----|
| a. Speech therapy? | Y/N |
| b. Occupational therapy? | Y/N |
| c. Physical therapy? | Y/N |
| d. Nutritional evaluation? | Y/N |
| e. Respiratory therapy? | Y/N |
| f. Massage therapy? | Y/N |
10. Does the individual appear to need or state the need for:
- | | |
|-------------------------------------|-----|
| a. Speech therapy evaluation? | Y/N |
| b. Occupational therapy evaluation? | Y/N |
| c. Physical therapy evaluation? | Y/N |
| d. Nutritional evaluation? | Y/N |
| e. Respiratory therapy evaluation? | Y/N |
| f. Massage therapy evaluation? | Y/N |
| g. Oral motor evaluation? | Y/N |
11. Does the individual appear to need or state the need for:
- | | |
|-----------------------------------|-----|
| a. Adaptive equipment evaluation? | Y/N |
| b. Environmental modifications? | Y/N |

12. Does the individual appear to need or state the need for:
- a. Male preventative health care? Y/N
 - b. Female preventative health care? Y/N
 - c. Vision exam? Y/N
 - d. Hearing exam? Y/N
- 13a. Does the individual take seizure medication?
- 13b. Is this medication prescribed by the primary care physician?
- 14a. Does the individual take behavior/psychiatric medication?
- 14b. Is this medication prescribed by the primary care physician?
15. Does the individual take medication for chronic conditions such as: diabetes, hypertension, thyroid, heart, gastrointestinal disorders, blood disorders, or respiratory disorders?
16. Does the individual appear to require or state the need for additional information/education about medications?
- 17a. Do behaviors exist that have not been addressed with a behavior review?
- 17b. Does the individual reside in a behavioral home without a current behavior review on file?
- 17c. Does the family/etc. indicate that a behavior review is needed?
- 18a. Has a behavior review recommended behavioral services that are not in place?
- 18b. Do behaviors currently exist that are not addressed in a behavior plan?
- 18c. Does a behavior plan exist without appropriate professional oversight?
- 18d. Does the family/etc. indicate that behavioral services or supports are needed?
19. Does any implemented behavior plan require a level of approval that it has not yet been received?
- 20a. Does the individual have unresolved issues from abuse, grief, interpersonal relationships?
- 20b. Does the individual/supports indicate the need for mental health counseling/support?
- 21a. Does the individual have Medicare?
- 21b. Does the individual have private insurance?
- 21c. Does the individual private pay?

NOTE: For any additional health concerns or questions please call Linda in the Tampa office 1-866-254-2075 or on her cell 813-495-0147.